



2019 GOALIE REGISTRATION REFUND APPLICATION

Refunds are made to those goalies who played a minimum of 80% of all games for their drafted team.

Player's Information:

Division & Team Number (Name) _____

Goalies Name: _____

Name to make Refund Cheque out to: _____

Mailing Address (*including* _____

Postal-code for cheque) _____

Email address _____

Name of person who originally paid for the registration _____

LEAGUE MANAGER SECTION:

List any/all Coaches Associated with the team _____

Did this player play a min. 80% of all games as the team's goalie? _____

League Manager Signature: _____

Date: _____

Refund cheques will be issued to the individual who originally paid for the registration. Please submit completed Refund Application form by July 31st to the League Manager at leaguemanager@nsihl.com